

## **Chapter 5: Emergency Preparedness & Response**

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### **Introduction**

Schools must be prepared for anything from an emergency involving a single student injury or illness to a disaster that affects the whole community. Schools cannot prevent natural emergencies and cannot always control emergencies caused by human actions. Children spend a large part of their day in schools; therefore, the school district plays an important role during a large-scale crisis. Schools are often the identity of a community and tend to have the largest collection of people in one place at one time.

Schools can be proactive in making efforts to protect the safety of students and staff members. Schools will be working with emergency management, law enforcement, public health, and other safety officials at the local, county, state, and federal levels to develop and strengthen school plans for handling emergencies.

Most students with the support of school staff members and other students can cope with an emergency. Some students may not cope well though. Factors that affect how well a student will cope with an emergency include personal circumstances, developmental level, family response, trauma history, media coverage, mental health, and coping style. Actions taken during an emergency will vary according to the situation and depend much on the specifics of the event. School staff will need to be flexible in their response to the emergency.

### **Prevention**

A method of communication with parents/guardians will be established prior to an emergency event and may involve various forms of media.

Bullying prevention policies are in place and guide school staff when a report of bullying is received or observed.

Access to school counselors is available for students.

Students are encouraged to talk with school staff members about concerns.

Staff members' role model respect and responsibility for students and encourage students in the areas of respect and responsibility.

Remember anyone can get ill or injured at school.

## **Preparedness**

Be proactive by having a plan in place. Plans are derived from school policies. Policies are the foundation for your plan, training, guidelines and direction for disaster response. The plan creates a culture of safety & resilience for all involved and helps ensure basic human rights. Preparedness does not end after an initial training of staff – it's needs to be ongoing and updated as new technology, information and resources become available. Who is trained and to what extent may vary from school to school. All school staff need to know what their role is in an emergency. This can vary from a classroom teacher who stays with students in the classroom or assists them in exiting to the trained responder who goes to the emergency to offer services.

Many schools have Crisis Teams of which the school nurse is an essential member along with administrators, teachers, counselors, school psychologists and others. This team's role is to plan, organize, conduct or provide training, equipping, providing practice exercises, evaluating and improving the school response to a crisis. The education and experience school nurse is a valuable resource for disaster prevention, response, and recovery. The school nurse provides information and consultation about the effects that psychological trauma and depression may have on health. School nurses and other school staff need to be prepared for responses that call for sheltering in the building or for evacuation.

The school nurse is integral to plan for delivery of first aid, evacuation, care for children with special health care needs, triage, staff education and surveillance for possible infectious diseases. School nurses are a link between the school and the medical/public health community.

Conducting a risk assessment of the School District community provides information on the risks at hand as well as available resources and help prioritize needs. The risk assessment includes a walk-through of the physical components of the school district as well as assessment of potential natural disasters that occur in the community such as

tornados or floods. A risk assessment also includes noting usual response time of the community EMS.

Emergency plans include maps of school grounds and buildings as well as location of shut-off valves, exits, and windows. Provision for first aid, counseling and support will be included. Emergency drills help prepare students and staff for their response in an emergency or disaster. Have a plan for communication to students, staff, parents, community members, law enforcement and EMS. Have an alternative plan in the event phone lines are inaccessible.

Emergency plans include the location of student assembly for remaining in the building and for evacuation of the building as well as how students/staff will be transported to a safe location if necessary. Parents need to know policy/procedure to remove their child from school grounds during an emergency/disaster.

An Emergency Response Kit is useful for the school nurse to have during emergencies and disasters and may include:

• Student information with pictures – a yearbook works well for this
• Staff list
• Bus list
• Health concerns list
• Emergency care plans for children with special health care needs
• Medication list
• Critical medications
• Map of building and school grounds
• Flashlight with extra batteries
• Important local phone numbers
• Keys for the building
• Pen, paper, name tags
• Triage tags
• Glucose tablets
• First aid supplies & first aid flip chart or guide <ul style="list-style-type: none"> <li>o Dressings in various sizes</li> <li>o Role bandages</li> <li>o Elastic wrap bandages</li> <li>o Cardboard splints</li> <li>o Ice packs</li> <li>o Tape in various sizes</li> <li>o Water in small, sealed bottles for wound irrigation</li> <li>o Antibiotic ointment</li> <li>o Wound closure strips</li> <li>o Towelettes</li> <li>o Scissors</li> <li>o Feminine hygiene products</li> </ul>

o	Toilet paper
o	Paper towels
o	Hand sanitizer
o	Blanket
o	Tweezers
o	Oval eye patches
o	Masks
o	Vinyl gloves
•	Screwdriver
•	Pliers
•	Safety goggles
•	Trash bags
•	Walkie-talkie, megaphones, mobile phones (cell phones may not work if local tower is damaged)
•	Whistle

Check contents of Emergency Response Kit often to make sure needed items are present and up-to-date.

Staff training or refresher courses are offered annually to keep staff up-to-date on procedures and any changes in the plan. Post a list of staff who are First-Aid and CPR certified. Encourage staff to give input on emergency/disaster plan. Address risks identified in risk assessment activity.

## Response

It is critical that the school nurse be knowledgeable about his or her role in the emergency plan. When an emergency or disaster situation occurs or is imminent, know if this will require an in-building response or an evacuation and/or transport to another site. Some situations allow time to take shelter while in other situations, there may be no warning and immediate action is needed.

Common Responses to a Traumatic Event			
Cognitive	Emotional	Physical	Behavioral
<ul style="list-style-type: none"> <li>poor concentration</li> <li>confusion</li> <li>disorientation</li> <li>indecisiveness</li> <li>shortened attention span</li> <li>memory loss</li> <li>unwanted memories</li> </ul>	<ul style="list-style-type: none"> <li>shock</li> <li>numbness</li> <li>feeling overwhelmed</li> <li>depression</li> <li>feeling lost</li> <li>fear of harm to self and/or loved ones</li> <li>feeling nothing</li> </ul>	<ul style="list-style-type: none"> <li>nausea</li> <li>lightheadedness</li> <li>dizziness</li> <li>gastro-intestinal problems</li> <li>rapid heart rate</li> <li>tremors</li> <li>headaches</li> <li>grinding of teeth</li> <li>fatigue</li> <li>poor sleep</li> </ul>	<ul style="list-style-type: none"> <li>suspicion</li> <li>irritability</li> <li>arguments with friends and loved ones</li> <li>withdrawal</li> <li>excessive silence</li> <li>inappropriate humor</li> <li>increased/decreased eating</li> </ul>

<ul style="list-style-type: none"> <li>• difficulty making decisions</li> </ul>	<ul style="list-style-type: none"> <li>• feeling abandoned</li> <li>• uncertainty of feelings</li> <li>• volatile emotions</li> </ul>	<ul style="list-style-type: none"> <li>• pain</li> <li>• hyper-arousal</li> <li>• jumpiness</li> </ul>	<ul style="list-style-type: none"> <li>• change in sexual desire or functioning</li> <li>• increased smoking</li> <li>• increased substance use or abuse</li> </ul>
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Source: CDC (2010) Accessed 12/6/2018 from <https://emergency.cdc.gov/coping/index.asp>

## Systemic Assessment

- Scene safety - across-the-room assessment - ensure that it's safe to approach, or call for backup assistance as necessary.
  - Check for presence of:
    - Substances
      - Blood or other body fluids, noxious fumes, toxic chemicals.
    - Situational dangers
      - An armed perpetrator, hostages, weapons
    - Environmental dangers
      - An unstable structure, fire, electrical hazards, or other potential mechanisms of injury.
  - Immediately activate EMS if the situation is obviously an emergency.
  - Always be prepared for the unexpected.
  - Onlookers and crowd control
- Across the room assessment - quick overall appraisal of the student's condition based on appearance, breathing, and circulation.
  - A - Appearance refers to mental status, muscle tone, and body position.
  - B - Breathing refers to the presence or absence of visible movement of the chest or abdomen and work of breathing
  - C - Circulation refers to visible skin color, an indication of perfusion to vital organs
  - Access need for more help.
- Initial assessment – Identify and treat problems that threaten life, limb, or vision.
  - A – Airway - Position, sounds, obstruction
  - B – Breathing - Rate, depth/pattern, symmetry, sounds, work of breathing, odors, injuries

- C – Circulation - Heart rate and quality of pulses, capillary refill time, skin color, temperature, and moisture, bleeding
- D - Disability (neurologic status) Level of consciousness - Alert, Verbal response, Pain response, Unresponsive
  - Pupil response.
- E - Exposure with Environmental control to prevent heat loss.
  - Observe/inspect for more emergent problems.
  - Treat wounds or other findings as appropriate.
- Treat as necessary to maintain normothermia.
- History - Helps form plan, make sure information is up-to-date; gather background information essential to your triage decision.
  - Remember to use developmentally appropriate language when addressing students, especially younger children.
  - It's important to talk to the student throughout the assessment process, explaining your actions and providing reassurance.
  - Language, culture, technology, and environment may affect the assessment process.
  - Enlist special resources as needed to help you communicate effectively with the student
  - Other factors to consider:
    - Medication
    - Fear, anxiety, pain
    - Chronic health conditions
- Focused physical exam - measure and record vital signs; inspect, auscultate, and palpate to identify or investigate additional problems.

<b>F</b>	<ul style="list-style-type: none"> <li>○ Full set of vital signs – HR, RR, BP (temp if possible, height &amp; weight if known) baseline and prn. Compare later VS to baseline. Neuro checks include orientation to person, place and time.</li> </ul>
<b>G</b>	<ul style="list-style-type: none"> <li>○ Give comfort</li> </ul>
<b>H</b>	<ul style="list-style-type: none"> <li>○ Head to toe assessment – wounds, bleeding, abrasions, hematomas, bruises, rashes, petechiae, edema, purpura</li> </ul>
<b>I</b>	<ul style="list-style-type: none"> <li>○ Isolate</li> <li>○ Injuries</li> <li>○ Interventions - Pain relief may be provided by cold packs (using a barrier between cold pack and skin), splints, wound dressings</li> </ul>

Put on protective equipment if necessary (water-proof gloves, goggles, boots)  
Chapter 5

Maintain a calm, controlled demeanor; use positive communications and language.

- Response Assessment - If any possibility of head, neck or spine injury, stabilize cervical spine before starting airway assessment.

<b>A</b>	○ Alert & responsive
<b>V</b>	○ Responds to verbal stimuli
<b>P</b>	○ Responds to painful stimuli
<b>U</b>	○ Unresponsive to any stimuli

### Triage

Triage principles allow those most in need to be treated first. Spend less than 1 minute on each individual. Levels of triage include:

Immediate/Emergent – Level 1 – **RED** - victims have life-threatening injuries but with quick response, can survive. These victims will need to be transported for a higher level of care as soon as possible.

Delayed/Urgent – Level 2 – **YELLOW** - injuries are not immediately life-threatening but need care beyond first aid within a couple of hours. Delaying transport to a higher level of care jeopardized these victims.

Non-emergent/Non-urgent – Level 3 – **GREEN** - injuries not urgent and victim does not need immediate or urgent transport for higher level of care.

Dead or Mortally Injured – Level 4 – **BLACK** - victims are dead or sustained injuries non-compatible with survival – no transport or survival interventions are delivered.

### Short term activities of the School Nurse in a Crisis

- First aid
- Mental health first aid
- Defusing and debriefing
  - Use developmentally appropriate language with students
- Establishing a safe scene and sense of normalcy
- Long term activities of the School Nurse in a Crisis:
- Grief support
- Ongoing mental health assistance
- Community outreach
- Identification of poor coping skills among school community members

- Referrals

### **Students can help in an Emergency/Disaster**

Students can be very helpful when there is an emergency or disaster. Many students are trained in CPR and/or first-aid. They can share the school's emergency plan with their own families to help them be prepared in an emergency or disaster. Students can be taught to take care of their own minor wounds. Older students can help with younger students.

### **Parents can help in an Emergency/Disaster**

Parents need to know what natural disasters to which their community is subject. They need to know what the school's policy/procedure is for communicating with them and for releasing a student before/during/after an emergency or disaster.

### **Role of School Staff Members**

Teachers and other school staff need to know what natural disasters may occur in their community. They can also help students learn their role in an emergency or disaster. Much of this is taught through emergency drills such as fire, intruder and inclement weather drills, etc.

### **Collaboration with Outside Agencies**

Collaboration with local, state and federal agencies is often part of the emergency response. Contact your local EMS, Law Enforcement Agency or Local Public Health Department to coordinate response to school emergencies with information such as:

- Nature of emergency
- Number of victims
- Extenuating circumstances
- Location – have specific locations designated to save response time
  - Label all entry points
  - Share a map of the school buildings with local EMS

### **Recovery**

Recovery is ongoing and focuses on restoring a sense of normalcy in the community by promoting positive coping skills among students and adults.

Recognizing the individual effects of a disaster:

- Everyone who sees or experiences a disaster is affected by it in some way.



- It is normal to feel anxious about your own safety and that of your family and close friends.
- Profound sadness, grief and anger are normal reactions to an abnormal event.
- Acknowledging your feelings helps you recover.
- Focusing on your strengths and abilities helps you heal.
- Accepting help from community programs and resources is healthy.
- Everyone has different needs and different ways of coping.
- It is common to want to strike back at people who have caused great pain.

The Recovery phase of the emergency response is both short & long term.

The short term goal is to meet immediate needs of those involved in the situation.

- Identify and address immediate needs
- Traumatized victims are often thinking only of the present situation and not able to plan for the future

The long term goal is to plan for rebuilding, restoring and repairing the damage.

- Develop fact sheets to share information with those involved.
- Encourage all involved to continue usual routine as much as possible
- Provide ways for healthy coping and relieve stress
- Identify sources of support – encourage those involved to talk about their experience but don't pressure them to do so

#### Developmental responses to Crisis situations

Age	Physical	Behavioral and Emotional	Interventions
Preschool	Sleep disturbances Changes in appetite	May lose recently acquired developmental milestones and may increase behaviors such as bedwetting, thumb sucking, and regress to simpler speech. They may become clingier to their parents and worry about their parents' safety and return. These young students may also become more irritable with more temper tantrums and have more difficulty calming down. A few students may show the reverse behavior and become very withdrawn, subdued, or even mute after a traumatic event. Separation anxiety	Encourage parents to keep a bedtime routine Reassure child of safety now Typically these students will process the event through post-traumatic play. Use positive activities to redirect thinking Encourage child to eat with a friend or family member Use physical drawings or other means to show concretely how safe child is now.

		Confusion about the danger being over	Encourage child to blow soap bubbles to help take deep breaths.
Elementary	May show signs of distress through somatic complaints such as stomachaches, headaches, and pains. Sleep disturbances Fast heart beat	Confusion about what has happened These students may have a change in behavior, such as increase irritability, aggression, and anger. Their behaviors may be inconsistent. These students may show a change in school performance and have impaired attention and concentration and more school absences. Late elementary students may excessively talk and ask persistent questions about the event Feelings of being responsible for crisis	Give clear developmentally appropriate explanations of the events that have occurred Provide child with opportunity to voice concerns Reassure child of why crisis was not their fault Encourage positive problem solving through art, play or thinking of how future can be better Encourage deep, slow breathing to help relax Remind of support people available Support community grieving
Middle School and High School	Sleep disturbances Fast heart beat Headaches Stomachaches	These students exposed to a traumatic event feel self-conscious about their emotional responses to the event. They often experience feelings of detachment, shame and guilt about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a radical shift in the way these students think about the world. Some of these adolescents may begin to engage in self-destructive or accident-prone behaviors, and reckless behaviors. There may be a shift in their interpersonal relationships with family members,	Help students to understand and recognize common reactions to danger Help students verbalize their feelings, and help identify traumatic reminders that trigger renewed fears Allow for the expression of difficult feelings and assist the student in developing coping strategies and constructive actions to deal with fear and anxiety Help adolescent to redirect to positive thoughts

		teachers, and classmates. These students may show a change in their school performance, attendance, and behavior	Encourage deep, slow breathing to help relax Remind of support people available
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Documentation of the event is comprehensive, consistent and completed in a timely manner. Using the nursing process assists in the documentation process – assessment of the event, nursing diagnosis, evaluation of the response and outcomes, goal identification, plans for future emergencies/disasters.

When victims are transported, vital information will accompany them to provide continuity of care. This includes time of injury or onset of illness, how it occurred, factors leading up to the crisis, nursing assessment, allergies, medications, chronic health conditions, immunization status, and parent contact information.

Monitor the health of high-risk students

## Sample Forms for Emergency Assessment

### CIAMPEDS History Form

<b>C</b>	○ Chief complaint
<b>I</b>	○ Immunizations ○ Isolation
<b>A</b>	○ Allergies
<b>M</b>	○ Medications
<b>P</b>	○ Past medical history
<b>E</b>	○ Events surrounding the injury/illness
<b>D</b>	○ Diet ○ Diapers
<b>S</b>	○ Symptoms

### SAMPLE HISTORY Form

	Topic	Questions
<b>S</b>	<b>Symptoms</b> Ask the student to describe current symptoms, particularly pain.	<ul style="list-style-type: none"> <li>○ What problem brings the student to the health office?</li> <li>○ How long has the problem persisted?</li> <li>○ If an injury, how and when did it occur?</li> <li>○ Is the student having pain, apprehension, or guarding?</li> <li>○ What are the location, quality, and duration of the pain?</li> <li>○ Does positioning make the pain better or worse?</li> <li>○ What strategies make other symptoms better or worse?</li> <li>○ What is the student's impression of his or her condition?</li> </ul>
<b>A</b>	<b>Allergies</b>	<ul style="list-style-type: none"> <li>○ Does the student have any known allergies to food,               <ul style="list-style-type: none"> <li>○ medications, latex or other materials, or environmental elements, such as bee stings?</li> </ul> </li> </ul>
<b>M</b>	<b>Medications</b> - <i>List medications the student takes regularly, including dosage regimen and time of the last dose.</i>	<ul style="list-style-type: none"> <li>○ Is the student using any prescription, over-the-counter, home, herbal, or cultural remedies? For what reasons? When was the last dose taken?</li> <li>○ Did the student take any medications before coming to the health office? What was the result?</li> <li>○ Has the student used any illicit drugs?</li> </ul>
<b>P</b>	<b>Past health history</b> <i>Note preexisting physical or psychological disabilities, previous trauma, and chronic conditions. Check immunization status, including tetanus prophylaxis.</i>	<ul style="list-style-type: none"> <li>○ Does the student have a chronic illness? (asthma, diabetes, hemophilia, seizure disorder)</li> <li>○ Does the student have special health care needs?*</li> </ul>

		<ul style="list-style-type: none"> <li>○ Does the student rely on a medical device? (oxygen, tracheostomy, nebulizer, central venous line, gastrostomy tube)</li> <li>○ Are immunizations up to date?</li> <li>○ Is isolation necessary?</li> </ul>
<b>L</b>	<b>Last meal</b> <i>Document when and what the student last ate or drank.</i>	<ul style="list-style-type: none"> <li>○ Is the student able to eat?</li> <li>○ When was the last meal?</li> <li>○ Has there been any nausea, vomiting, diarrhea?</li> <li>○ Are bowel and bladder functions normal?</li> </ul>
<b>E</b>	<b>Events</b> <i>Ask the student to describe events that led up to the illness or injury.</i>	<ul style="list-style-type: none"> <li>○ When did the problem begin?</li> <li>○ Were there precipitating factors?</li> <li>○ If an injury occurred, were there witnesses? What did they report?</li> </ul>

### PQRST Form for Pain Assessment

	<b>Assessment Points</b>
<b>P</b>	<ul style="list-style-type: none"> <li>○ Problem: How does the student describe the chief complaint?</li> <li>○ Provoke: What makes the pain worse?</li> <li>○ Palliate: What makes the pain better?</li> </ul>
<b>Q</b>	<ul style="list-style-type: none"> <li>○ Quality: What is the quality or character of the pain?</li> </ul>
<b>R</b>	<ul style="list-style-type: none"> <li>○ Radiate: Does the pain or discomfort seem to travel or move?</li> </ul>
<b>S</b>	<ul style="list-style-type: none"> <li>○ Severity: Using a developmentally appropriate assessment tool how does the student rate the severity of pain or discomfort?</li> <li>○ Signs: What clinical signs accompany the problem?</li> <li>○ Symptoms: What subjective problems does the student report?</li> </ul>
<b>T</b>	<ul style="list-style-type: none"> <li>○ Timing: When did the pain start? Was the onset sudden or gradual?</li> </ul>

### First Aid Response to Selected Common Health Conditions

- Cardiopulmonary Compromise in Children

### Resources

- Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event - A GUIDE FOR PARENTS, CAREGIVERS, AND TEACHERS  
<https://store.samhsa.gov/system/files/sma12-4732.pdf>
- Helping Families Deal With the Stress of Relocation After a Disaster  
[https://www.atsdr.cdc.gov/emes/health\\_professionals/documents/relocationstress\\_508.pdf](https://www.atsdr.cdc.gov/emes/health_professionals/documents/relocationstress_508.pdf)
- Understanding School Violence  
[http://www.cdc.gov/violenceprevention/pdf/school\\_violence\\_fact\\_sheet-a.pdf](http://www.cdc.gov/violenceprevention/pdf/school_violence_fact_sheet-a.pdf)
- National Association of School Psychologists  
[http://www.nasponline.org/resources/crisis\\_safety/](http://www.nasponline.org/resources/crisis_safety/)
- Coping With a Traumatic Event in the School  
<https://www.mbaea.org/special-education/special-education-resources-forms/coping-with-a-traumatic-event-in-the-school/>
- The Need for an Integrated System of Care for Youth with Traumatic Stress and Substance Abuse Disorders  
[http://www.nctsn.org/sites/default/files/assets/pdfs/policybrief1\\_traumatic\\_stress\\_and\\_substance\\_use.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/policybrief1_traumatic_stress_and_substance_use.pdf)

## References

DeStefano Lewis, Keeta, Bear, Bonnie J., Manual of School Health (2009) pages 489-508

NASN Position Statement, Emergency Preparedness – The Role of the School Nurse (2014)  
<https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-emergency-preparedness>

Sekelman, Janice DNSc, RN, NCSN, FNASN; School Nursing A Comprehensive Text; (2013) pages 1216-1242

The National Child Traumatic Stress Network <http://www.nctsn.org/resources/audiences/school-personnel/effects-of-trauma>

School Safety Regulations and Guidelines (2018)  
<http://www.grainger.com/content/qt-school-safety-regulations-guidelines-283?currenturl=%2FGrainger%2Fstatic%2Fschool-safety-regulations-guidelines-283.html>